STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

APR 20 LOT

# 1116 N. W	PLEASE PRINT		NEW HAM DEPARTMENT	PSHIRE
I. Name of Lobbyist	(s) Christopher	Nicolopo	2010	OF STATE
	t's partnership, firm or corporation, if a	•		
(Na	ame of partnership, firm or corporation)			
Business Address: (S	Street) Fulls Rd (Town/City)	Concord	NH O	330 (Code)
() <u>ZZ-4 - 3</u> (Telephone)	3965 (Fax	e-mail CV	NH O	HAIA. CO
III. This statement of	covers: (Choose one – file separate repo	,	ou may file a separ	ate report for
	transactions which are not attributable		,,	1
All reportable tra	ansactions occurring in the months prior to	the reporting date relative	to the following cl	ient:
New Ha	(Full Name of Client as it appears on the Lo	of Insur	rance A	2015
OR	(Full Name of Client as it appears on the Lo	obbyist Registration Form)		•
	nsactions by the lobbyist (including the lobicular client.	obyist's family), or the lob	bying firm listed be	clow which are
IV. Date of Report	April 26, 2017	July 26, 2017		
Reports cover: acti	ivity from date of registration to 3/31/17	activity from 4/1/17 to 6/		
	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 201 activity from 10/1/17 to		
	en no fees received and no reportable l, complete just this form and submit it to the			
VI. Check if additio	onal reports are attached:			
	ived fees or made expenditures, you must t	file Addendum A – Fees a	ind Expenses	
☐ If you have paid Expense Reimbursen	an honorarium or reimbursed expenses, yo	ou must file Addendum E	Report of Honora	ariums or
-	n, or your family has made political contrib	outions, you must file Add	endum C– Politica	1 Contributions
I have read RSA 15,	RSA 15-B, RSA 14-C and RSA 664 and helpest of my knowledge and belief.	nereby swear or affirm tha		rmation is true
(Signature of lobbyi	st)	-,, -,-	(Ďate)	
hristophe	er Vicolaporlas			
(Print Name of lobb	VIST)			

P L E A S E P R I N

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Christopher N	1 colopoulos				
II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name of partnership, firm or corporation)					
III. Name of Client New Hampshire Assn Oh Insurance Agents	Date 4/17/17				
or Insurance Agents					
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a)\$				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ O				
c) Total of all fees received to date (Add lines a and b)	c)\$				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid apenses; (b) the aggregate total of all ele: meals purchased during a business as than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	<u>4//17/17</u>
(Print Name of lobbyist)	
(Firm Name of loodyist)	